

Guidelines for Submitting a Speaking Request to the Michigan Surgeon General

Thank you for your interest in asking Dr. Kimberlydawn Wisdom to speak at your event.

Dr. Wisdom receives many speaking invitations each day. To ensure that your request is given full consideration, please follow these guidelines and provide all information as instructed.

Timeliness of Request

Please submit your request as far ahead of time as possible (at least 8-12 weeks prior to the event).

Consideration of Request

When reviewing your request, the following areas will be considered:

- Topic of interest
(Is the requested topic in line with the Surgeon General's current agenda? To find out, see the *Prescription for a Healthier Michigan* at: www.michigan.gov/mdch)
- Size and type of audience
- Travel time, location, and time of presentation

Overnight Accommodations

If overnight accommodations are necessary, the Office of the Surgeon General will contact you for additional information and assistance.

Distribution of PowerPoint Slides

If you would like to request a printed copy of her slides, please check the appropriate box on page 2 of the speaker request form. Also give a deadline for receipt to allow your organization enough time to make copies prior to the event. PowerPoint slides are not available prior to the lecture.

Equipment Needs for PowerPoint Presentations

- LCD projector and laptop with CD drive
- Hands-free microphone
- Screen

Logistic Needs

- Map to facility from Lansing and Southeast Michigan
- Convenient parking space or complimentary parking pass if applicable

Before sending this form, please attach the following documents:

- Brochure or other background material on your organization (if available)
- Brochure or other background material related to the event (if available)
- Final copy (or draft) of press release (if applicable)
- Final (or draft) agenda for this event (if available)

**Office of the Michigan Surgeon General
Michigan Department of Community Health**

Speaker Request Form

Requester's Information

Name: _____ Title: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Referred by: _____

Event Information

Date of Event: _____ Time of Event: _____

Location (Please include complete address): _____

Conference/Seminar Title: _____

Type of Presentation (keynote/opening/etc): _____

Presentation Format (check one):

☐ Powerpoint

☐ Oral remarks

☐ Speaker's preference

Presentation Duration (e.g., 30 minutes): _____

Anticipated Audience Representation (physicians/health care/public/administrators/etc):

Anticipated Audience Size: _____

Topics you would like Dr. Wisdom to address (be as specific as possible):

Additional Information

Check all that apply:

- ☐ Media coverage is expected at the event
- ☐ Press release will be issued prior to the event
- ☐ After-event coverage in organization's publication
- ☐ Pictures will be taken during the event
- ☐ Dr. Wisdom's biographical statement is needed prior to event
- ☐ Photo of Dr. Wisdom is needed prior to event
- ☐ Handouts of slides will be distributed at event (not guaranteed)

Printed copy of slides needed by (date): _____

Estimated date of event brochure printing (if applicable): _____

Today's Date: _____

Submit the completed form and any accompanying documents to:

Stella Christian
Assistant to the Surgeon General
Michigan Department of Community Health
PO Box 30195
Lansing, MI 48909

Phone: (517) 335-8011
Fax: (517) 335-9476